

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048524

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 63

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tenn. b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		c. CITY OR TOWN Memphis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moreland Hospital		d. STREET ADDRESS (If outside, give location) 715 E Mallory	

3. NAME OF DECEASED (Type or print) First Middle Last Roy E Mallett			4. DATE OF DEATH Month Day Year 12 23 63		
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/04	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY Truck		11. BIRTHPLACE (City and state or country) Frankfort, Mo.	
13a. FATHER'S NAME Mose Mallett		13b. MOTHER'S MAIDEN NAME Lida Norman		14. NAME OF HUSBAND OR WIFE Lucille Mallett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Lucille Mallett	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		6 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 12-17-63 to 12-23-63 and last saw him alive on 12-22-63	
Death occurred at 8:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE R T Jones D.O.	22b. ADDRESS Holden, Mo	22c. DATE SIGNED 12-23-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/26/1963	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem	23d. LOCATION (City, town, or county) (State) Kansas City MO
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24. FUNERAL DIRECTOR Webb Funeral Home	25. DATE RECD. BY LOCAL REG. 12-23-63	26. REGISTRAR'S SIGNATURE Bernie Rose
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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152210-600

JAN 2 1964

MAR 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William E. Freer

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.